

Cornerstones for Health Information Exchange:
A CalPSAB Symposium

Welcome

Cornerstones for Health Information Exchange:
A CalPSAB Symposium

Kim Belshé

Secretary, California Health
& Human Services Agency

Cornerstones for Health Information Exchange: *A CalPSAB Symposium*

Mark Frisse
M.D., M.B.A., M.Sc.

Accenture Professor of Biomedical
Informatics, Director, Volunteer
eHealth Initiative, Vanderbilt Center
for Better Health

**Cornerstones for Health Information Exchange:
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***Networking & Exhibit
Viewing***

Return at 10:45

**Cornerstones for Health Information Exchange:
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*Health Information
Exchanges
Across the Nation*

Cornerstones for Health Information Exchange: A CalPSAB Symposium

Panelists

- *Lori M. Evans, Deputy Commissioner Health Information Technology, New York*
- *Charles Parker, Chief Technology Officer, MassPro, Massachusetts*
- *Devore Culver, Executive Director, HealthInfoNet, Maine*
- *Alex Kam, Acting Director, California Office of Health Information Integrity*
- *Moderator - Lori Hack, Object Health, LLC*

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Lori M. Evans,
Deputy Commissioner
Health Information
Technology, New York

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***Charles Parker,
Chief Technology
Officer, MassPro,
Massachusetts***



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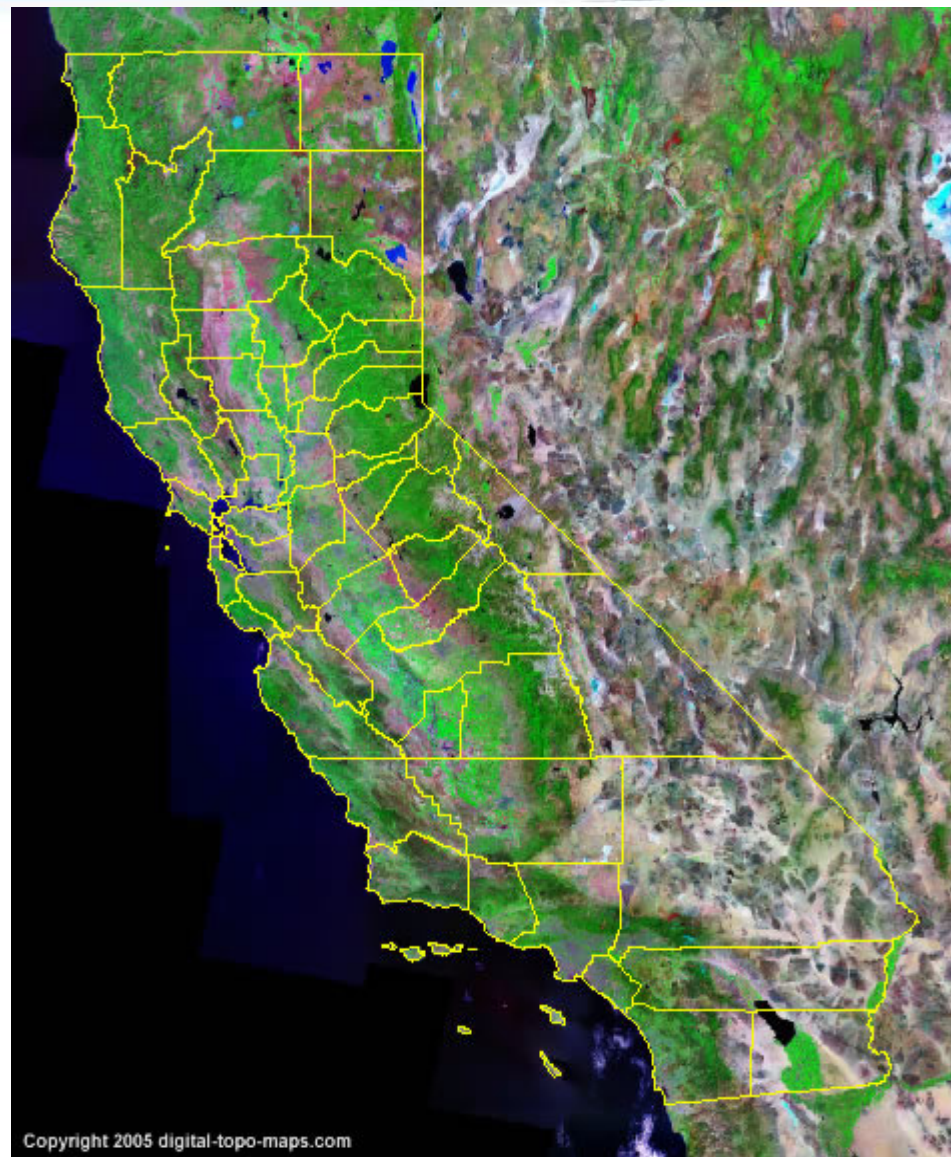
***Devore Culver,
Executive Director,
HealthInfoNet,
Maine***



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California

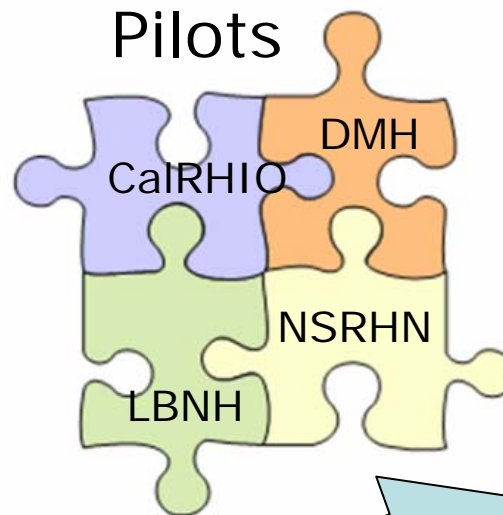
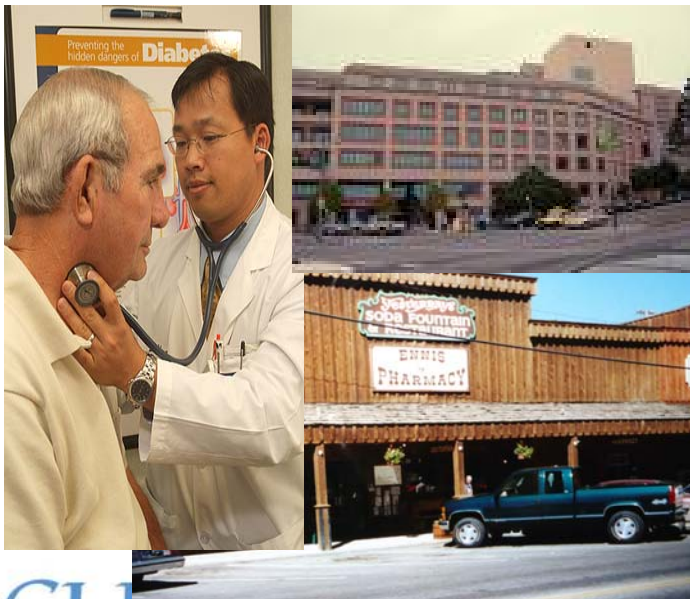
- 38M People
- 6.5M Medicaid
- 480 Hospitals
- 96 K Doctors
- 164K Sq. Miles
- 70% Rural Land
- 58 Counties



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Scope

Stakeholders



Implementation



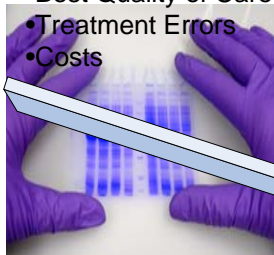
Policy
Technology
Transparency
Trust
Law

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Providers

Improved:

- All Patient Information
- Best Quality of Care
- Treatment Errors
- Costs



Need to Know

Need to Know

Need to Know

In Jeopardy:

- Provider Participation
- Volume of Information
- Quality of Care
- Correct Treatment Decisions
- Costs



More Patient Participation
More Volume of Information
Better Quality of Care
Decreased Treatment Errors
Greater Information Integrity
Improved Patient/Provider Relationships
Improved Trust

Patients

Improved:

- Patient Voluntary Participation
- Patient/Provider Relationships
- Trust
- Information Integrity



Right to Privacy

Right to Privacy

Right to Privacy

In Jeopardy:

- Patient Participation
- Information Integrity
- Patient/Provider Relationship
- Trust

TRUST

AB 211 & SB 451 Covered Groups

CMIA

Individuals

Employers

Tort Law

Health & Safety Code

Ch 5 Physician and Surgeons
(including Podiatrists, Midwives and Osteopaths)
Ch 2 Chiropractors
Ch 6 Nurses
Ch 6.5 Vocational Nurses
Ch 6.6 Psychologists
Ch 7.7 Physician Assistants
Ch 9 Pharmacies, pharmacy corporations
Ch 10 Psychiatric Technicians
Ch 13 Therapists

Business & Professions Code

Division 2

Ch 2 Health Facilities
Ch 2.2 Healthcare Service Plans
Ch 1 Clinics
Ch 2.4 Long -Term Health Facilities
Ch 8 Home Health Agencies
Ch 8.5 Hospices

Division 2.5

Ch 7 EMS (including EMTI, EMTII, & Paramedics)

Licensing Authorities

California Department of Public Health

Emergency Medical Services Authority

Licensing Boards

State Board of Chiropractic Medicine
Board of Psychology
Board of Registered Nurses
Medical Board
Osteopathic Medical Board
Board of Vocational Nurse and Psychiatric Technician Examiners
Board of Podiatric Medicine of the Medical Board
Physician Assistant Examining Committee Of the Medical Board

Professionals Without Direct Reference to the CMIA for Violations

Nurses
Podiatrists
Osteopaths
Chiropractors
Vocational Nurses
Physician Assistants
Psychiatric Technicians

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MISSION STATEMENT

- Develop and recommend privacy and security standards for California Health Information Exchange (HIE) that promote quality of care, respect the privacy and security of personal health information, and enhance trust.

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VISION

- Enable the electronic transfer of health information to improve the quality of care in a way that fosters trust.

VISION OBJECTIVE

- Create a set of rules that govern the privacy and security of health information in California by 2012

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SCOPE

- Privacy and security standards developed and recommended to the Secretary of the California Health and Human Services Agency shall apply to all health data. *However, existing entities, systems, or patient records will be grandfathered as best fits the particular situation and issue solution being recommended.* The standards shall not apply to entities who do not exchange health information electronically.

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STRATEGIC APPROACH

- Utilize a combination approach of addressing issues from the specific project scenario perspective. For example, an analysis should consider a national use case and a local HIE effort in unison to create a scenario for which to analyze the issue.

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PRINCIPLES

- Openness
- Health Information Quality
- Individual Participation
- Collection Limitation
- Use Limitation
- Purpose Limitation
- Security Safeguards
- Accountability

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Exhibitor Viewing

Lunch in Magnolia

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*CalPSAB Committee
Co-Chairperson's Panel and
CHILI Presentations*

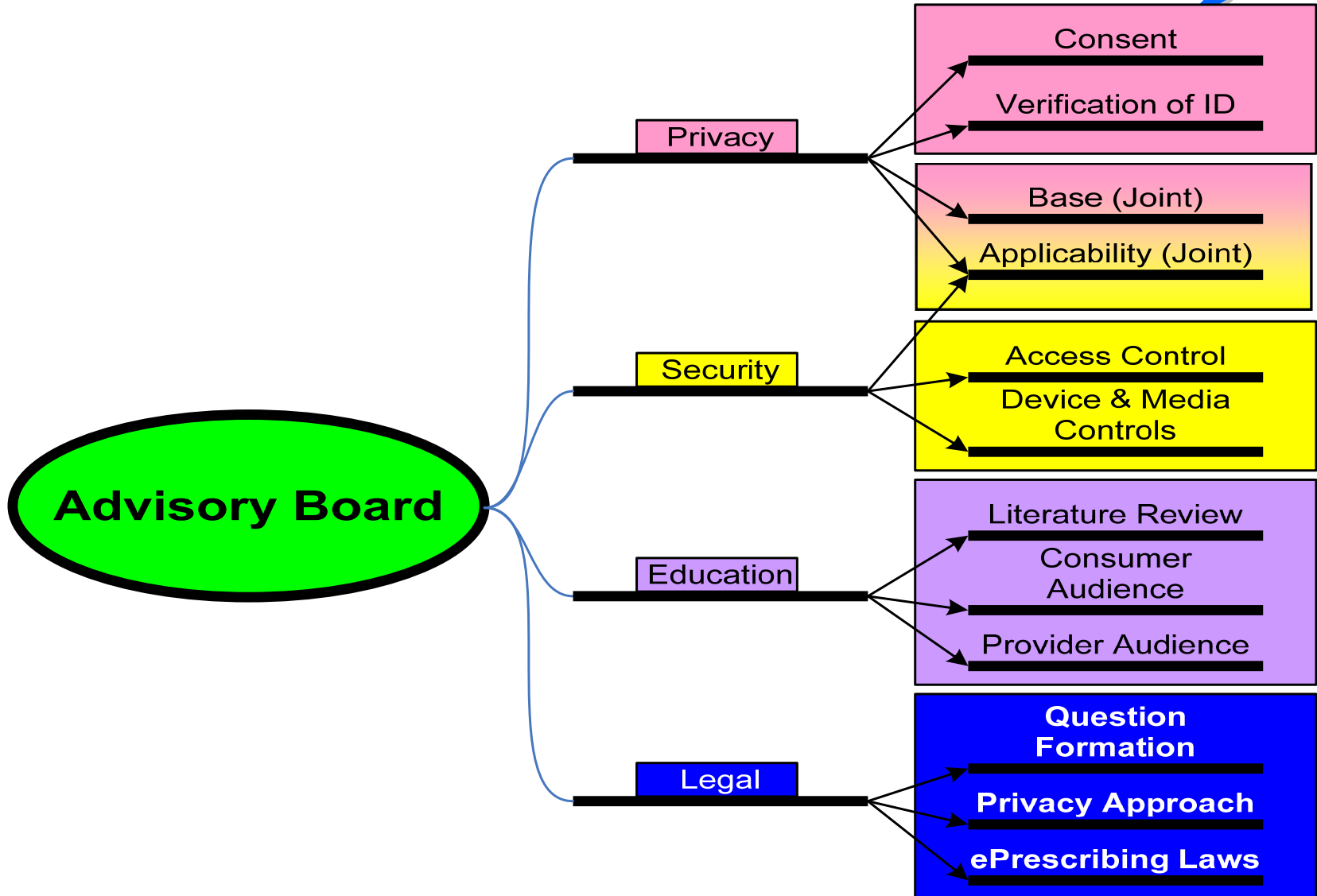
*Moderator – Bobbie Holm, Policy Branch Chief, California
Office of Health Information Integrity*

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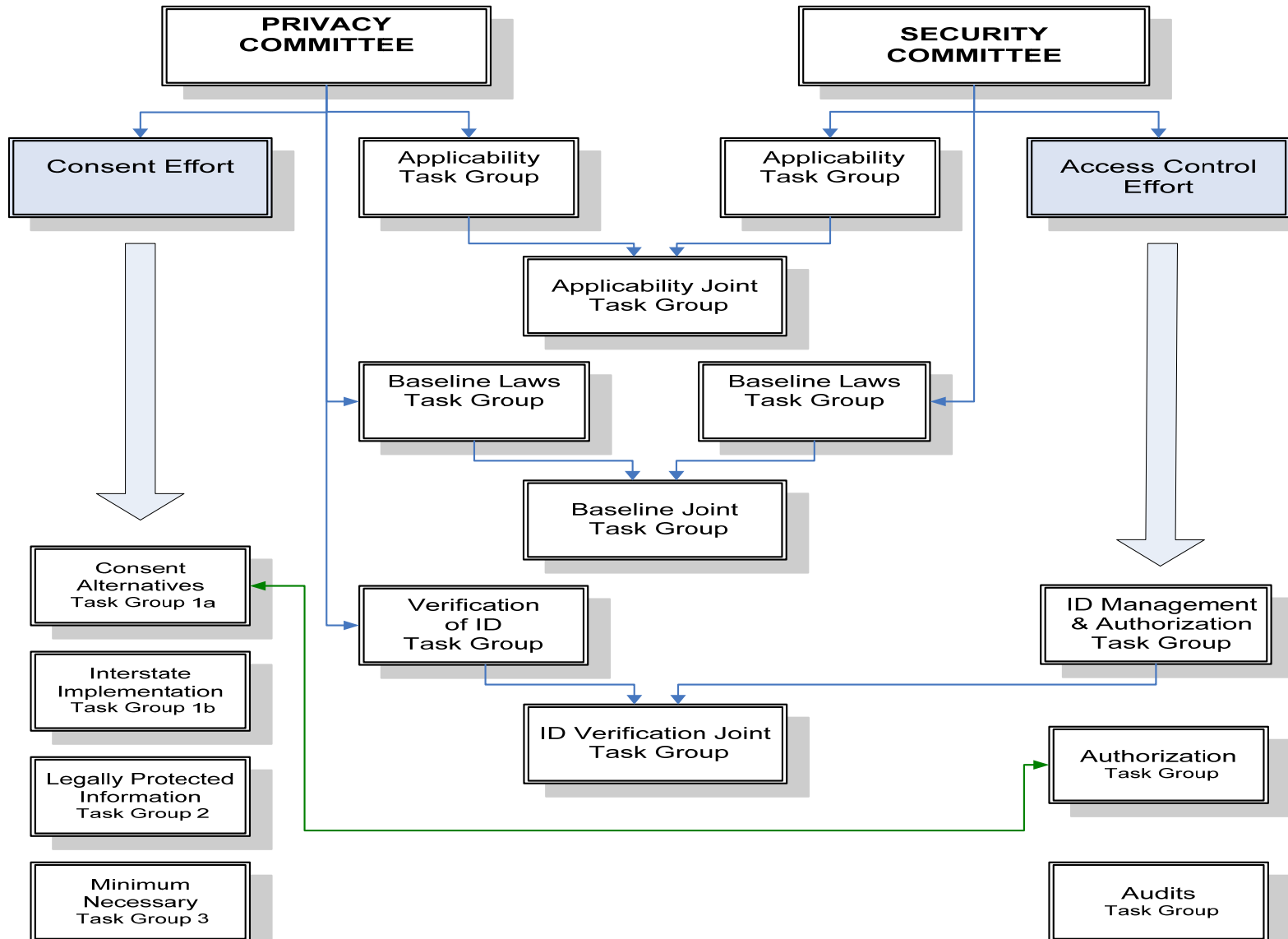
Committee Co-Chairs

- *Monica Moldovan, Health care Information Privacy and Security, UC Davis Health Systems*
- *Kevin Dickey, Chief Information Security Officer, Contra Costa County*
- *David Minch, HIPAA/HIE Project Manager, John Muir Health*
- *Anne Drumm, Program Manager, California Office of Health Information Integrity*
- *Suzanne Giorgi, Legal Counsel, California Office of Health Information Integrity*
- *Steven Bonorris, J.D., Hastings Law School*

Committees and Task Groups



CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY



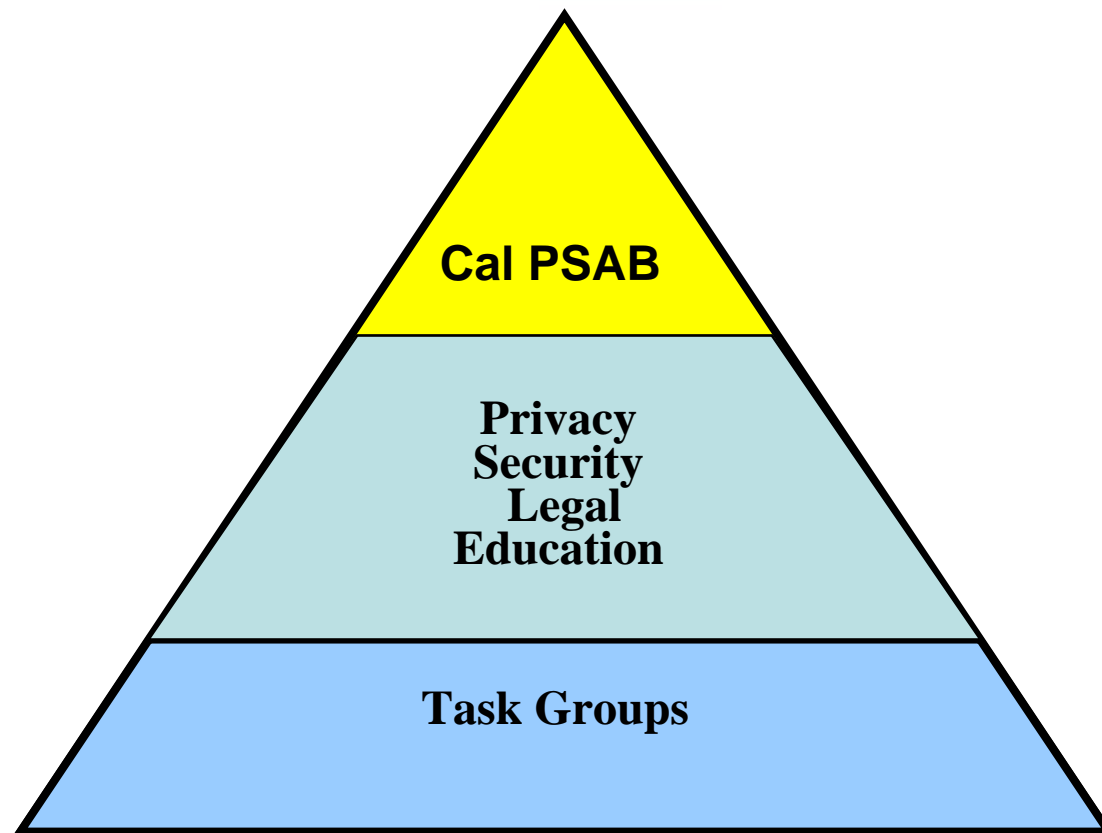
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Privacy Committee

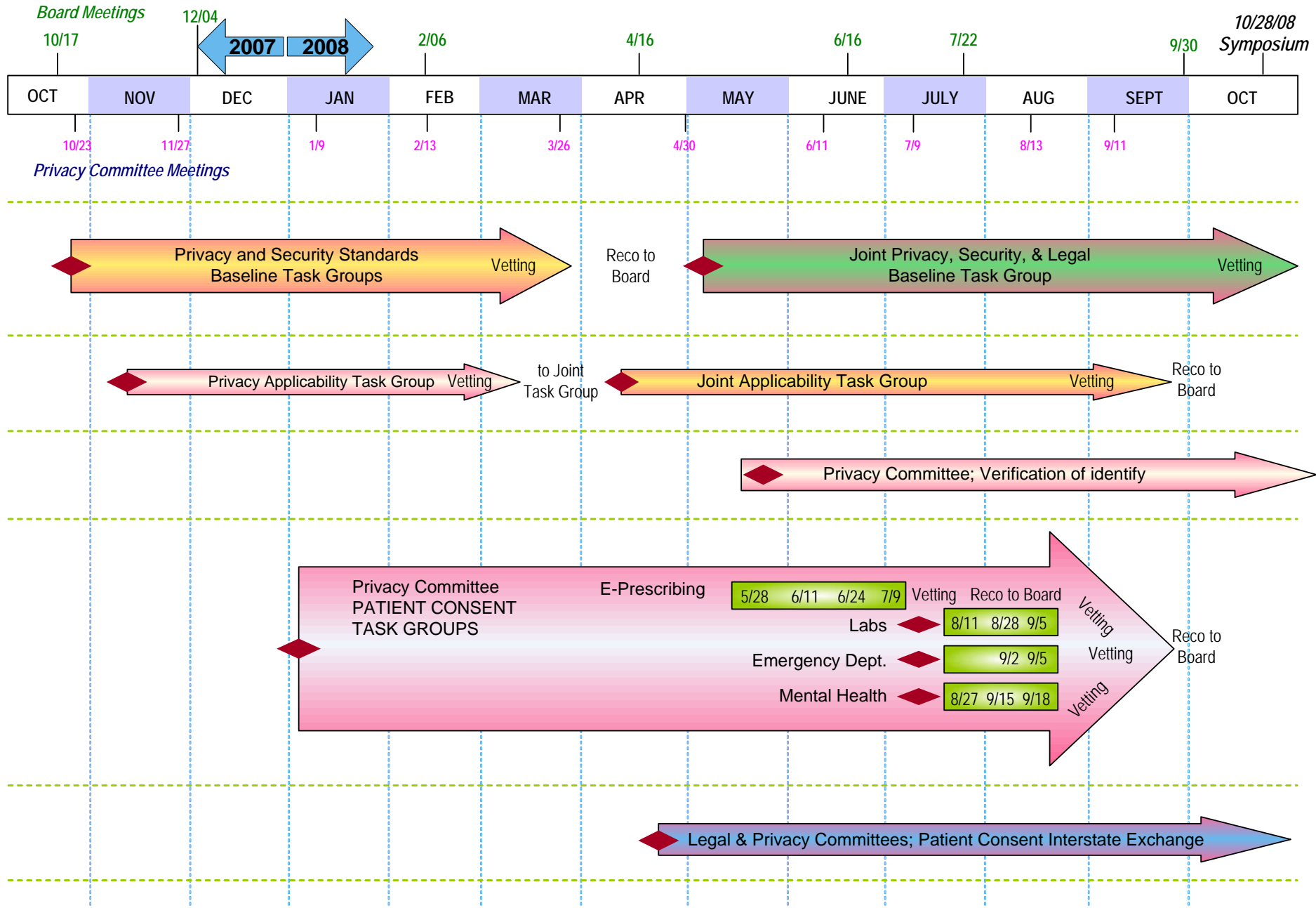
Monica Moldovan, JD, MIS, CHPS
Health Information Privacy & Security
Manager
UC Davis Health System

Cassi Birnbaum, RHIA, CPHQ
Director of Health Information and Privacy
Officer, Rady Children's Hospital of San Diego

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CalPSAB Privacy Committee OCT 2007 – OCT 2008

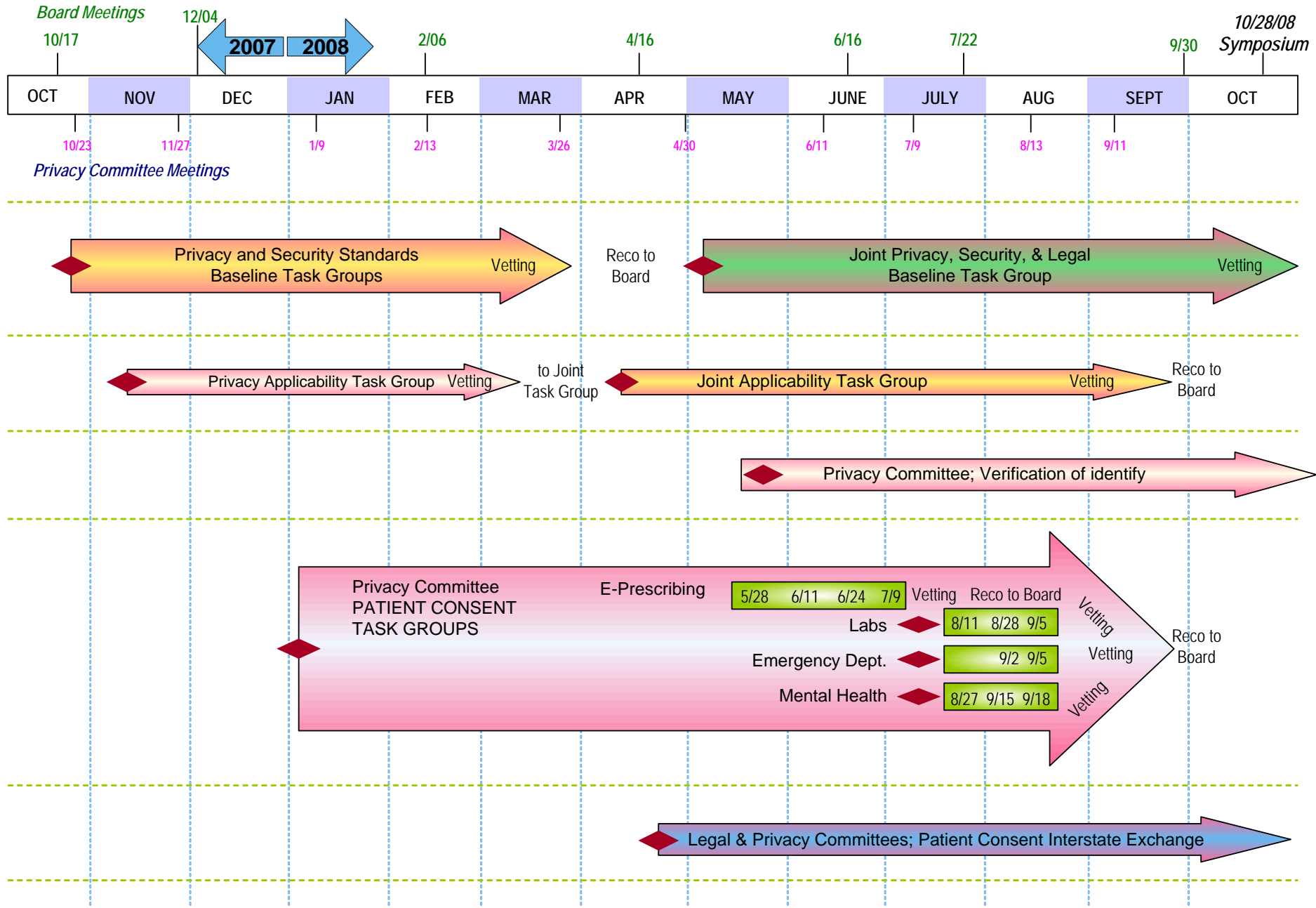


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9 Categories of Privacy

- Collection
- Use
- Disclosure
- Consent
- Other Individual Rights
- Protect Information
- Accountability and Oversight

CalPSAB Privacy Committee OCT 2007 – OCT 2008



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E-Prescribing Task Group

Thank You!

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2009 v 2015

Polarities



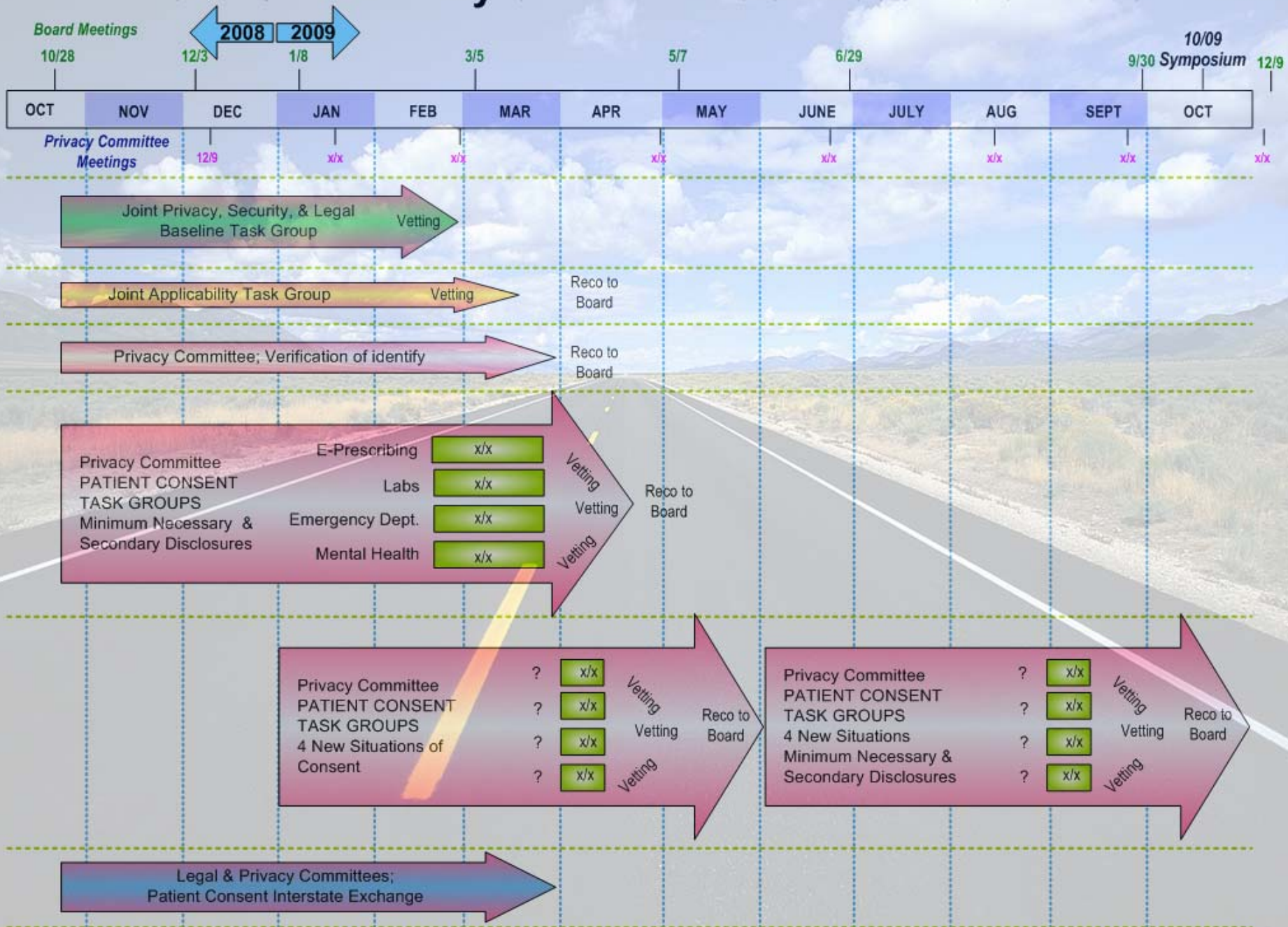
Provider v
Patient



Policy wonks v IT
geeks

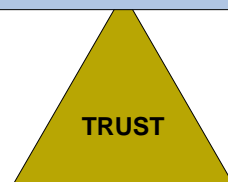
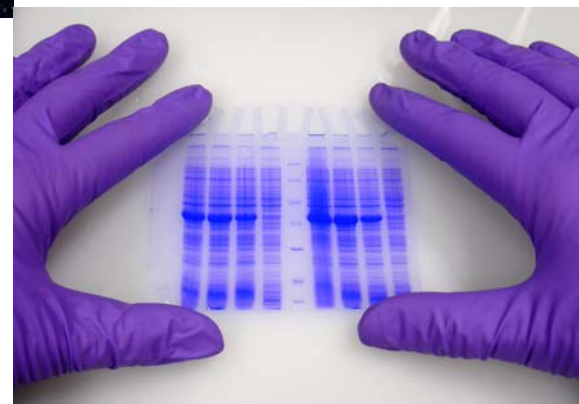
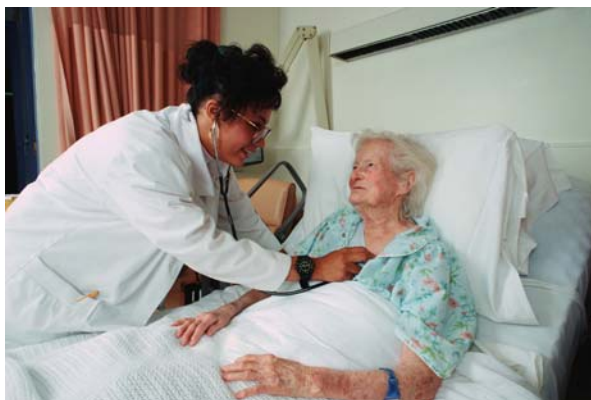


CalPSAB Privacy Committee OCT 2008 – OCT 2009



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A Matter of Balance



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Security Committee

*Kevin Dickey, Chief Information Security
Officer, Contra Costa County*

*David Minch, HIPAA/HIE Project Manager,
John Muir Health*

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- The CalPSAB Security Committee is comprised of 62 members representing:
 - 7 counties,
 - 21 provider entities,
 - 5 health industry-related companies,
 - 9 state departments,
 - 2 health information exchanges, and
 - 5 health industry associations

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Security Committee Task Groups

- **Baseline** – Performed a scan within healthcare and across all industries reviewing security standards. Using HIPAA & ISO as a base, grouped the standards into 4 primary security domains, and 14 sub-domains.

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- **Access Control**
 - Authentication and Authorization
 - Identity Management
 - Session Controls

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- **Applicability** – This task group was a joint task group with the Privacy Committee.

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- **Device & Media Controls**
 - This security sub-domain was considered to be relatively straightforward, yet vitally important due to recent ePHI disclosures due to stolen and lost devices and storage media.



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Baseline: Standards Domain

Administrative Controls

- Information Security Organization & Responsibility
- Risk Assessment & Treatment
- Security Awareness, Education & Training
- Workforce Security & Incident Management
- Compliance Testing, Audit & Monitoring
- Contracts & Agreements

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Business Continuity & Contingency Planning

- Business Continuity
- Contingency Planning
- Testing and Revision

Facility & Equipment Controls

- Facility Access Controls
- Device and Media Controls
- Technical Controls

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Data Protection and User Access Controls

- Authentication & Authorization
(Access Controls)
- Data Assurance



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Access Control

- Authentication – California OCIO Proposed Std.
- Authorization (NIST 800-95, Policy Managed Attribute Based Access Control)
 - 7 Attributes Recommended:
 - Data Source
 - Entity of Requestor
 - Role of Requestor
 - Consent Directives of the Data Subject
 - Use of Data
 - Sensitivity of Data
 - Form / Method of Use

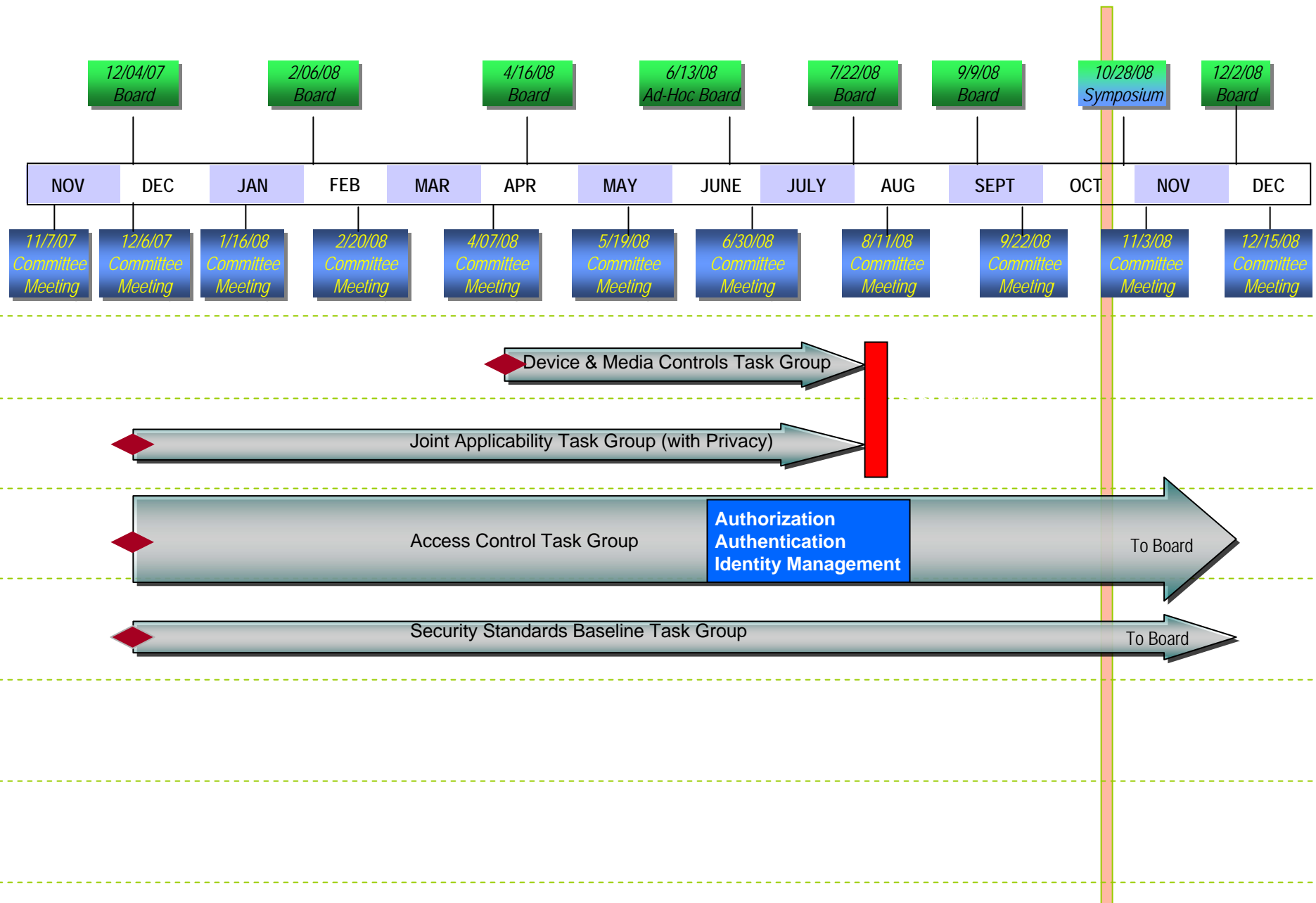
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- Identity Management - California
OCIO + NIST 800-63

Federated with proofing and provision
for establishment and revocation of
privilege delegation

- Session Controls
Not yet addressed

Security Committee 2008 Timeline & Work Plan



CalPSAB Security Committee Task Group Timelines

Oct08 – Sep09

Board Meetings

10/28
Symposium

12/03

1/08

2008

2009

3/12

5/7

7/16

9/30

10/26

OCT

NOV

DEC

JAN

FEB

MAR

APR

MAY

JUNE

JULY

AUG

SEPT

OCT

11/3

12/15

1/26

3/9

4/20

6/1

7/13

8/24

10/5

Security Committee Meetings

Joint Baseline Task Group

Privacy / Security / Legal

Identity Management
Authentication
Authorization

Session
Controls

Access Control Task Group

Data Assurance

Access Control Task Group

Joint Applicability Task Group

Privacy/Security

Device & Media Control Task Group

Security Only

Risk Assessment& Treatment

Security Only

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Education Committee

*Anne Drumm, California Office of
Health Information Integrity*

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HIE Education

Learn about our audience – and deliver the right message the right way!



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- Education one of the Key Cornerstones
 - New concept
 - Tied to usage
 - All participants (consumers, providers, support entities) and all models of HIE will require education
 - Audience groups will have different education needs

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- Education Committee started the task by getting a consumer “snap shot” of the existing landscape – literature review.
 - Limited information on consumer views towards HIE
 - Consumers interested but concerned with privacy
 - California information limited
 - Demographic information limited

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- Consumer Target Audience Identified:
 - Parents/caretakers of children (“Generation X and Millennials”)
 - Elderly Population
 - Chronically Ill
- Provider Target Audience

New Media Communication Preferences

	Veteran Born before 1946	Boomer 1946-1964	Gen X 1965-1981	Gen Y 1982-2000
Style	Formal	Semiformal	Not so serious; irreverent	Eye-catching fun
Content	Detail; prose-style writing	Chunk it down but give me everything	Get to the point – what do I need to know?	If and when I need it, I'll find it online
Context	Relevance to my security; historical perspective	Relevance to the bottom line and my rewards	Relevance to what matters to me	Relevance to now, today and my role
Attitude	Accepting and trusting of authority and hierarchy	Accept the "rules" as created by the Veterans	Openly question authority; often branded as cynics and skeptics	OK with authority that earns their respect
Tactics	Print; conventional mail; face-to-face dialogue or by phone; some online information and interaction	Print; conventional mail; face-to-face dialogue; online tools and resources	Online; some face-to-face (if they're really needed); games; technological interaction	Online; wired; seamlessly connected through technology
Speed	Attainable within reasonable time frame	Available; handy	Immediate; when I need it	Five minutes ago
Frequency	In digestible amounts	As needed	Whenever	Constant

Source: Communication World, March-April 2008, p.20; IABC.com/cw

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- Provider Target Audience:
 - Some providers likely to have challenges relating to HIE.
 - Acceptance better in larger practice settings
 - Barriers
- Early education to include:
 - Small Practice Settings
 - Specialty Medical Groups
 - Senior Care Settings

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- Provider Target Audience

Preliminary (HISPC) findings on education needs:

- Short, concise, relevant
- Multiple communication channels
- Multiple encounters – from varied sources

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- Consumer Education must:
 - Inform, Build Trust and Confidence
 - Resonate with the target audience, with the appropriate mode and frequency
 - Advise about choice (if applicable)
- Breakout sessions

CalPSAB Education Committee OCT 2008 – OCT 2009



Board Meetings

10/28

12/3

1/8

3/5

5/7

6/29

10/09
Symposium

9/30

12/9

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT
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Education Committee Meetings

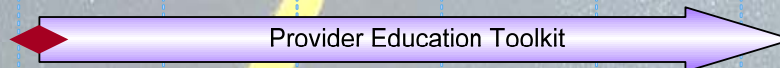
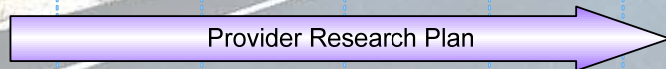
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Legal Committee

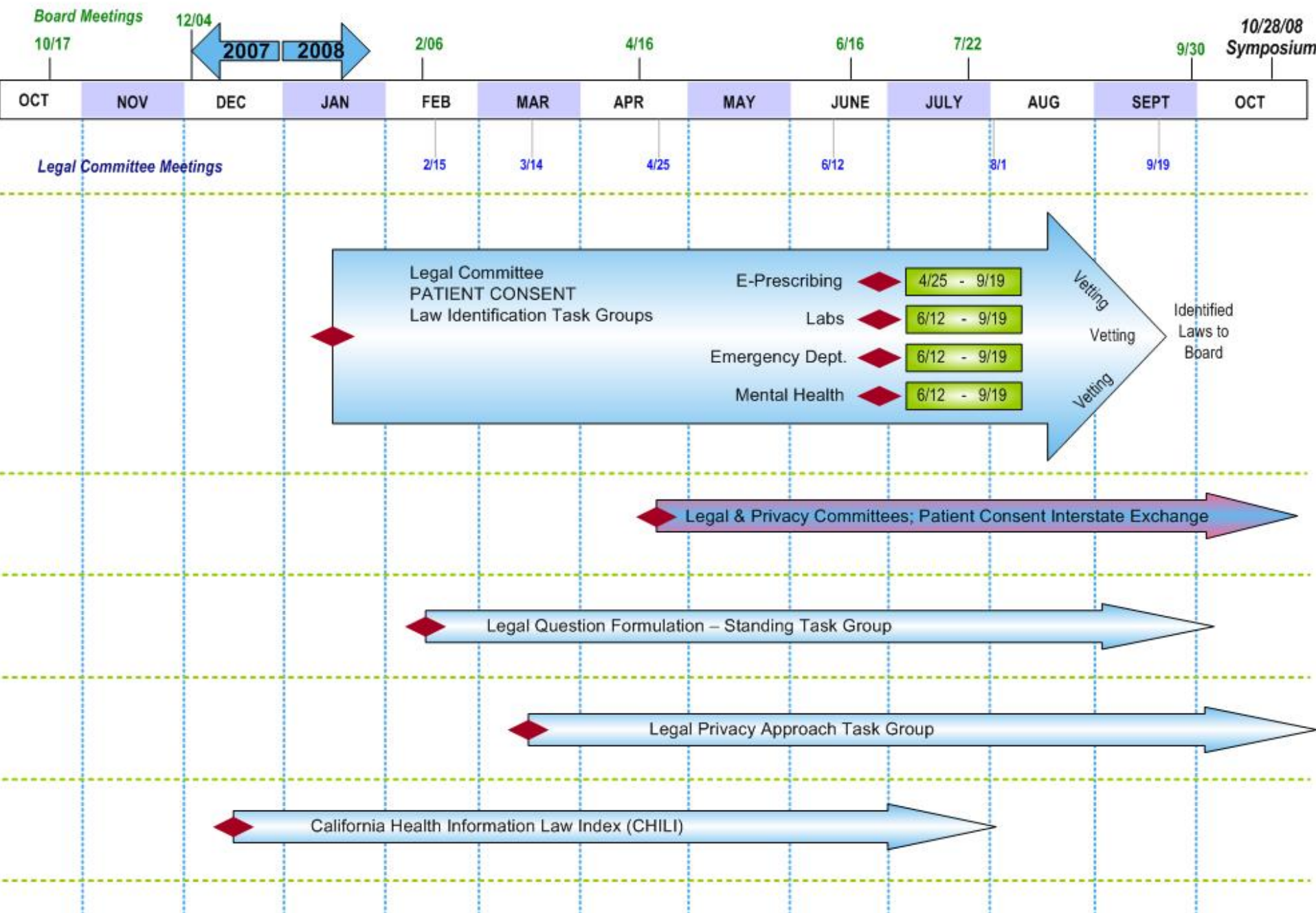
*Suzanne Giorgi, J.D., California Office
of Health Information Integrity*

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MISSION

Provide legal input to the CalPSAB and its committees for California Health Information Exchange (HIE) by sharing legal expertise to identify issues, to enhance understanding of legal issues and to offer alternative methods of resolutions.

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Applicable Laws

- Prescribing
- Laboratory
- Emergency Department
- Mental Health

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An Approach to Determining Privacy Rights

"All people are by nature free and independent and have inalienable rights. Among these are enjoying and defending life and liberty, acquiring, possessing, and protecting property, and pursuing and obtaining safety, happiness, and privacy."

California Constitution, Article 1, Section 1

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Privacy Concerns

- The overbroad collection and retention of unnecessary personal information
- The improper use of information properly obtained for a specific purpose, for example, the use of it for another purpose or the disclosure of it to some third party

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Interstate Consent



- Interstate Compact
- Uniform Law
- Model Law
- Choice of Law

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Current Law & HIE

- Treatment use
- Between healthcare providers
- Information which is necessary

CalPSAB Legal Committee OCT 2008 – OCT 2009



Board Meetings

10/28

12/3

1/8

3/5

5/7

6/29

10/09
Symposium

12/9



Legal Committee Meetings

x/x

x/x

x/x

x/x

x/x

Public Health



x/x - x/x

Clinics



x/x - x/x

Substance Abuse or HIV



x/x - x/x

?



x/x - x/x

Vetting

Vetting

Vetting

Identified
Laws to
Board

Legal & Privacy Committees; Patient Consent
Interstate Exchange

Legal Question Formulation – Standing Task Group

Legal Privacy Approach Task Group

California Health Information Law Index (CHILI)

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*California Health Information
Law Identification
(CHILI) project*

*Steven Bonorris, J.D.,
Hastings Law School*

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***Networking & Exhibit
Viewing***

**Break Out Sessions
Begin at 2:45**

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Closing Remarks

*Bobbie Holm, Chief, Policy Branch,
California Office of Health
Information Integrity*

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*Thank you for Your
Participation!*

- Visit Exhibitors
- Complete Evaluations
- Join the CalPSAB effort!